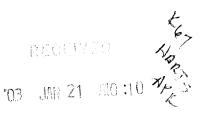




HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470



LOBBYIST REGISTRATION FORM

(See back of this form for instructions)
(Type or Print Clearly)

[Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	1	TELEPHONE
KLEmm	•	· ·	•	_
MAILING ADDRESS (Street)	RICHORS	(City)	(State)	263-4556
, ,		,		(Zip Code)
227 U'L	n only if you are employed	人名 Lv-内 d by a business entity which has h	neen retained to John	16734-1964
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Applied Public Relations Inc. MAILING ADDRESS (Street) (City) (State) (Zip Code)				
MAILING ADDRESS (Street)	IBLIC KELAI	1 10 NS LNC	(State)	263-4556
		KAILUA	· · · · · · · · · · · · · · · · · · ·	(Zip Code)
221 01.1	AMA 71	KAILUA	<i>f7 (</i>	56734.1964
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TELEPHONE				
HAMAUN ALLIANIS F	on RESOLUTIONS TO	Relation to the Source	, <u></u>	263.4556
HAWAHAN ALLIANLE F. MAILING ADDRESS (Street)	310101 110101010	(Oity)	(State)	(Zip Code)
Pio. Box 1627		KAILUA	HT 547	
NAME OF PERSON RESPONSIBLE				TELEPHONE
				243.4556
RICHARD KLI MAILING ADDRESS (Street)	5 m m	(City)	(State)	(Zip Code)
227 U; Lnm.		KAILVA		134.1564
CET UI, LAM	3 31	MAILVA	FA 16	134.1769
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Service	s 💢	Science, Technology & Economic Development
Communications & Government Operations & Intergovernmental Relations, Tourism & Recreation Public Utilities Finance International Affairs				
Consumer Protection & Hawaiian Affairs Labor & Employment Transportation				
Culture, Arts, Historic Preservation	Health	Planning, Land Use Manageme	& Water (Other: (indicate below)
Ecology, Energy, Environmental Protection	Housing	Public Safety &		
Environmental Protection			_	
PART IV CERTIFICATION	I OE I OPRVICT			
PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
V1200 NE	ignature of Lobbyist)		/ - / 5 - (Dat	
PART V AUTHORIZATIO	N TO LOBBY	TITLE OF ALITHODIZ	THE OFFICER OF RE	DOON DEDDEOENTED
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
ALLEN TESHIMA				
NAME OF ORGANIZATION (if applic	cable)			TELEPHONE
HALLACIAN ALCIANCES MAILING ADDRESS (Street)	for RESpoorsi	BLE TECHNOLOGY & SC	15~<6	536.9411
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
% 1303 NENOA	57 # 7	Honolulu	HI	96822
I hereby authorize the above—named person to engage in lobbying activities on behalf of the undersigned.				
Mostrino				
(Signature of Authorizing Officer or Person Represented) (Date)			e)	